KERN MEDICAL CENTER
Owned And Operated by the County of Kern
Bakersfield CA 93305

ACCT # 0716600[illegible]2 MEDREC # 0001178074
PATIENT BIOCINI BEATRIZ ANA
ADMIT DATE 08/15/07 DOB 06/30/54

SECTION 1 INTERDISCIPLINARY PATIENT/FAMILY HEALTH EDUCATION RECORD

Readiness to Learn: (Circle appropriate letter) Poor=P Average=A Good=G	Patient	Other
Ability to understand verbal instructions	P A G	P A G
Ability to understand written instructions	P A G	P A G
Knowledge of educational needs/treatment plan	P A G	P A G

Initial Assessment:
Date _____ Unable to Assess
Reason _____
Reassess patient every 24 hrs until Section I completed. Document reassessment in Section II

Specific Barriers to Learning Circle Y (Yes) or N (No) if yes, please specify.

PHYSICAL Y N	SENSORY (VISUAL) Y N	CULTURAL Y N
READING Y N	SENSORY (AUDITORY) Y N	RELIGIOUS Y N
LANGUAGE Y N	MOTIVATION Y N	COGNITIVE Y N
AGE RELATED ISSUES Y N	EMOTIONAL Y N	FINANCIAL CONCERNS Y N

HOW DO YOU LEARN BEST? VIDEO ☐ VERBAL ☑ WRITTEN ☑ OTHER ☐

REFERRED TO PATIENT ADVOCATE/ETHICS COMMITTEE	REFERRED TO HEALTH LIBRARY	REFERRED TO CASE MANAGEMENT	REFERRED TO OTHER
Y (N)	Y (N)	Y (N)	Y (N)

ASSESSMENT DATE: 6/15/07 SIGNATURE/TITLE [signature] DTC

SECTION II

EDUCATION NEEDS CODE		WHO CODE	
MED	SAFE & EFFECTIVE USE OF MEDICATIONS	PT	PATIENT
EQ	SAFE & EFFECTIVE USE OF EQUIPMENT	F	FAMILY
F/D	POTENTIAL FOOD/ DRUG/HERB INTERACTION	O	OTHER
DIET	MODIFIED DIET/ NUTRITION		
REHAB	REHABILITATION TECHNIQUES		
CR	COMMUNITY RESOURCES		
POC/ DC	PLAN OF CARE/ TREATMENT SERVICES		
USC	UNIVERSAL STANDARD CARE		
PM	PAIN MANAGEMENT PROGRAM		
HC	BASIC HEALTH PRACTICES		
RS	REASSESSMENT OF SECTION I		
RFRS	RESTRAINT/FALL RISK/ SAFETY		
O	OTHER		

HOW CODE D		CODE Q	RESPONSE
D	DEMONSTRATION	Q	ASKED QUESTIONS
P	PAMPHLET	VR	VERBALIZED RECALL/ UNDERSTANDING
TV	VIDEO/ TV	R	RESTLESS, DIFFICULTY LISTENING
V	VERBAL INSTRUCTIONS	DI	SEEMS DISINTERESTED
W	WRITTEN INSTRUCTIONS	DR	DENIAL/ RESISTANCE
VT	TRANSLATOR	DA	DEMONSTRATED ABILITY
MED	MEDICATION INSTRUCTION SHEET	NR	NEEDS REINFORCEMENT
GR	GROUP WORK	A	ATTENTIVE VERBAL RESPONSE
O	OTHER	NA	NOT APPLICABLE
I	INITIATE TEACHING EDUCATION PROTOCOL	NC	NO CHANGE
CN	CARE NOTES	NER	NEW EDUCATION RECORD REQUIRED

DATE	TIME	ED NEEDS	INFORMATION TAUGHT	WHO	HOW	RESPONSE	SIGNATURE/ TITLE
6/15/07	0815	USC	UNIVERSAL STANDARD CARE	Pt	U	UR	[signature] RN
6/15/07	0815	RFRS	PATIENT SAFETY	Pt	U	UR	[signature] RN
		NA	PRIMARY DIAGNOSIS/NEW DX				
6/15/07	0815	MED	MED CATIONS	Pt	U	UR	[signature] RN
		NA	SMOKING CESSATION				
			MAINTAINING HEALTHY WT				

KERN MEDICAL CENTER
MEDICINE

Owned and Operated by the County of Kern
☐ 1830 Flower St. ☐ 1111 Columbus Ave
Bakersfield CA 93305
Ph: (661) 326-2789/326-5200
Fax: (661) 326-2790/326-5212

Name:
ID#:
DOB:

ACCT#0716800392 MEDREC 00011/8074
BIOCINI,BEATRIZ ANA
SDS DATE 06/15/07 DOB: 06/30/54 SEXF

Diagnosis:		Allergies:	Patient Weight:
Drug, Strength, & Quantity	**Quantity**	**Directions**	**Refills**
Rx Golytely 4 liters	☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over	Take as directed	∅
Rx Magnesium citrate 1 bottle	☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over	Take as directed	∅
Rx VOID	☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over	VOID	

Total Number of Rx's (circle one): 1 (2) 3

KMC Pharmacies may dispense closest package size or therapeutic equivalent as approved by the Pharmacy and Therapeutics Committee.

Unused prescription spaces must be voided.

☐ Jennifer J. Abraham, MD BA1624661/G063721	☐ Supratim Banerjee, MD BB4777655/A54064	☐ Shehla Baqi, MD BB6015300/C50415
☐ Tha Cha, MD BC8613300/A84894	☐ Victor G. Ettinger, MD AE3510937/C02343D	☐ William E. Gill, MD AG2722191/G530J3
☐ Royce H. Johnson, MD AJ7653430/D21369	☐ David E. Kanauori, MD BK6500715/A069648	☐ ARSR Karunakar, MD AK7338634/A29799
☐ Michael Liebling, MD AL6637548/G028393	☐ Augustine D. Munoz, MD AM7286897/G31330	☐ Jose A. Perez, MD BP7619856/A45328
☐ Alan S. Ragland DO BR2173615/DA5843	☐ Saman N. Ratnayake, MD BR5173074/A056363	☐ Katayou Saberian, MD BS3395159/G074923
☐ Irene Spinello, MD BS6593710/A066770	☐ Shane Tu, MD AT7866208/A030749	☐ _____

Herr TRAN CAO 9774 06/15/07
Prescriber Name-Printed/Stamp/ID# Prescriber Signature Date

White: Original
Duplicate: Chart Copy
Label: English ☐ Spanish ☐

_____ 9774
DEA/ State License Number HIS#

Physician must sign and enter date on Rx is void.

PRINTED BY: 10126
DATE: 6/15/2007

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Bakersfield, CA

ACCT# 071660[illegible]2 MEDREC# 0001178074
PATIENT BIOCINI, BEATRIZ ANA
ADMIT DT 06/15/07 DOB 6/30/1954

PRE-PROCEDURE "TIME OUT" VALIDATION

(This section MUST be completed for ALL invasive procedures performed outside the OR)

☐ Emergency procedure	☒ Patient identification verified
☒ "Risks, Benefits, Alternatives" on chart	☐ Radiologic and/or pathology reports present
☒ Consent Validation	☐ Correct equipment/supplies available
☐ Site marking present	☐ Correct site/side
Procedure: Colonoscopy	**Procedure performed by: (Name)**
Signature:	**Date:** 6/15/07 **Time:**

PROCEDURE FORM Service:

☐ Central Line: ☐ Right ☐ Left ☐ Ultrasound guided
☐ Internal Jugular (anterior, middle, posterior) ☐ Subclavian ☐ Femoral
☐ Intubation ☐ elective ☐ emergent ☐ fiberoptic ☐ Rapid Sequence Intubation
☐ Lumbar Puncture ☐ sitting ☐ lying Opening pressure _____ Closing Pressure _____
☐ Thoracestesis: ☐ Right ☐ Left ☐ diagnostic ☐ therapeutic ☐ ultrasound guided
☐ Paracentesis: ☐ Right ☐ Left ☐ diagnostic ☐ therapeutic ☐ ultrasound guided
☐ Other Procedure:

Indication for Procedure:

Sterile technique observed: ☐ No ☐ Yes (☐ gown ☐ gloves ☐ mask ☐ hat)
Analgesia: ☐ None ☐ Local ☐ Spinal ☐ Epidural ☐ Regional ☐ Procedural Sedation
Outcome: ☐ successful ☐ unsuccessful

Problems/Complications:

Supervising Attending: **Department:**
Type of Supervision: ☐ Direct ☐ Indirect (authorized & aware)
Teaching Assistant:
Signature of person completing form: **ID#:**

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Bakersfield, CA

ACCT # 0716600..32
PATIENT BIOCINI,BEATRIZ ANA
ADMIT DATE 06/15/07

MEDREC# 0001178074
DOB 06/30/54

PHYSICIAN PROCEDURAL SEDATION EVALUATION

Patient ID

Age: 53 yrs Sex ☐ Male ☑ Female Height ______ Weight 135 lbs

A. Proposed Procedure: Colonoscopy

B. Present Illness (diagnosis)

C. Current H&P ○ **In chart. Note: If current H&P (30 days) is on chart, complete E. - J. ONLY. If no H & P in chart complete entire form.**

D. Past Medical History	Y	N	Comments/Interval Note
Cardiac Events			
Arrhythmia			
Pulmonary Disease			
Liver disease			
Renal insufficiency			
Diabetes/Metabolic Disease			
Seizures/CNS events			
Bleeding disorder			
Previous surgery			
Possible Pregnancy			
Pt./Family hx anesth problem			
Alcohol use			
Tobacco use			
IV Drug abuse			

E. Allergies & Sensitivities ☑ NKDA	**Current Medications**

F. Pertinent Physical Exam: (Check all responses that apply)

Normal? Yes	No		Describe any "Abnormal" responses
☐	☐	Cardiac	
☐	☐	Respiratory	
☐	☐	Neuro	
☐	☐	System Involved	

G. Pertinent Investigations: (Check all responses that apply. Circle WNL as appropriate)
Lab/Diagnostic Tests

○ Hgb/Hct - WNL ○ Other Labs - WNL ○ EKG - WNL ○ CXR - WNL ○ Other Imaging - WNL

Comments

H. Assessment ***ASA Scoring System*** (circle appropriate one)

1 ..... Normal patient; elective surgery/procedure
2 ..... Mild systemic disease; not activity-limiting
3 ..... Severe systemic disease
4 ..... Severe systemic disease; constant threat to life
5 ..... Moribund patient; not expected to survive without surgery
6 ..... Brain dead, organ donation
E ..... Emergency

I. Plan of Care: Patient is an appropriate candidate for ○ Procedure Sedation

Informed Consent:
☐ Risks, benefits, alternatives, potential complications including but not limited to: tooth damage, nerve damage, life threatening events (i.e., MI, CVA, Death) and patient's understanding of and agreement to treatment.

J. Completed by: **ID #** **Date:** Time:

Original - Medical Record Copy - Quality Resource Center

PRINTED BY: [illegible]
DATE 3/22/2007

AN: C:\MYFILES\MEDFORMS\Word\Phys Procedure Sedation Rev 10/1/01

medforms\ [illegible] KCB 50 11/15/2001

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Bakersfield, CA

ACCT # 0716600352
PATIENT BIOCINI BEATRIZ ANA
ADMIT DATE 06/15/07

MEDREC# 0001178074
DOB 06/30/54

NURSING PROCEDURAL SEDATION RECORD

Patient ID

PRE PROCEDURAL ASSESSMENT

Date: 6/15/07 Time: 0815 Procedure: Colonoscopy
Location: ATC Person Performing Procedure: Thomas, Nicole
☐ Inpatient ☑ Outpatient ☑ ID band on
Weight Kg: 144 lbs Age: 53 Primary Language: Translator needed ☑ No ☐ Yes
Belongings: ☐ Glasses ☐ Contacts ☐ Dentures ☐ Hearing aid(s) ☐ Other:
Allergies: ☑ None

Date/time last solid intake: 6/15/07 0200
Date/time last fluid intake: 0300
Notify MD if below not met: Cl. liq < 2 hrs, Food > 4 hrs

Current Medications: Aspirin ☑ No ☐ Yes Anticoagulants ☑ No ☐ Yes NSAID ☑ No ☐ Yes Anticonvulsants ☑ No ☐ Yes
List:

Previous sedation: ☑ No ☐ Yes, Drug:
Previous problems with sedation/anesthesia: ☑ No ☐ Yes (specify): NONE Date:

Medical History: ☐ None ☐ Attention Deficit Disorder ☐ Asthma/other lung disease ☐ Apnea ☐ Congenital Cardiac Disease ☐ Cold, flu, or fever in the last 3 days ☐ Developmental delay ☐ Diabetes ☐ Heart Disease ☐ Hypertension ☐ Prematurity ☐ Seizures ☐ Skin rashes ☐ Stroke ☐ Uses Apnea monitor at home ☐ Liver disease
Other:

Lab tests done: ☑ None ☐ CBC ☐ PT/PTT ☐ UA ☐ Pregnancy test Other:
☑ Evidence of informed consent documented
Validation of consent signed ☑ Yes
☐ Pre-procedural H & P done

Transportation arranged with: (name & tel. no.) inmate
☑ Pre-procedure teaching done and ☑ patient, ☐ responsible adult understand instructions and information given.

Physical Assessment: Neurological: ☑ Alert, age appropriate orientation OR ☐ Usual Waking State (describe):
Respiratory: ☑ Lungs clear bilaterally ☑ No nasal congestion/cough/URI symptoms Other:
Cardiovascular: ☑ Heart rate regular ☑ Extremities warm Other:
Pain (specify location and rating according to established scales): Rectal pain 3/10
Pediatric Developmental Tasks: ☐ Walks independently ☐ Age appropriate speech ☐ Good head control ☐ Sits unassisted
Other findings: ☑ Cap refill < 3 sec (< 2 sec Peds) Other:
☑ Pre-sedation vital signs and Aldrete scores documented on page 2 ☑ No abnormal findings/no change from pre-procedural MD assessment
☐ Abnormal findings reported to (MD):
Assessment completed and reviewed by: [signature] RN

INTAKE & OUTPUT

☑ IV Started @ 850 gauge: 22g site: RH Init: JG

INTAKE				OUTPUT			
Time	PO/IV/Fluid type/rate	Amount	Total	Time	Type	Amount	Total
	Normal Saline	500					

MEDICATIONS

Time	Medication and Dose	Route	Given by	Reason (PRNs)	Effect (+/-)
	Demerol				

Assessment reviewed and will proceed as planned: ______________ MD
Physician's signature constitutes order for above medications ______________

Original – Medical Record
PRINTED BY: 101116
DATE 8/22/2007
AN: \KMCFORMS\NURS_PROCEDURAL SEDATION2_LONDOC 5/24/04
medforms# ... 5080 60 6/8/2004

ACCT # 0718800392
PATIENT BIOCINI,BEATRIZ ANA

MEDREC# 0001178074
DOB 06/30/54

VITAL SIGNS

	Pre Procedure	Pre Sedation	Intra Procedure			Post Procedure				Discharge Home
TIME:	0815									
Blood Pressure	105/79									
Temperature*	97.9									
Heart Rate	92									
Resp. Rate	18									
SpO2	97%									
Suppl. O2	RA									
L.O.C.	AO									
Pain (0 - 10)	3									
Responsiveness	A									
Anxiety	C									

ALDRETE SCORING CRITERIA

		TIME	ADM	DSC
ACTIVITY	Able to move 4 extremities voluntarily or on command	2	2	
	Able to move 2 extremities voluntarily or on command	1		
	Able to move 0 extremities voluntarily or on command	0		
RESPIRATION	Able to breathe deeply and cough freely	2	2	
	Dyspnea or limited breathing	1		
	Apneic (needs ventilator or assistance)	0		
CIRCULATION	BP ± 20% of pre-anesthetic level	2	2	
	BP ± 20–49% of pre-anesthetic level	1		
	BP ± 50% of pre-anesthetic level	0		
CONSCIOUSNESS	Fully awake	2	2	
	Arousable on calling	1		
	Not responding	0		
O_2 SATURATION	Able to maintain O_2 saturation > 92% on room air	2	2	
	Needs O_2 inhalation to maintain O_2 saturation > 90%	1		
	O_2 saturation < 90% even with O_2 supplement	0		
		TOTAL	10	

KEY

*with Initial set of Vital Signs

Level of Consciousness (LOC):
AW = Awake
E = Easy to Arouse
NR = Not Responding

Responsiveness:
A = Appropriate
N = Not appropriate

Anxiety: R = Restless, agitated
C = Calm, relaxed

INTRA PROC

DX TESTS

TIME	TYPE	TIME	TYPE	TIME	TYPE

START TIME: ______ END TIME: ______ ☐ Continuous cardiac monitor ☐ Refer to Monitor Strip Record

Scope # cf

Electrosurgical Unit: Number ______
Settings: Cut (doc. range) ______ Coag: ______

Grounding pad: Site: ______

Assessed by: ______ RN Patient Response: ☐ No untoward reaction ☐ See "Additional Comments"

RECOVERY

RELEASE FROM OBSERVATION CRITERIA:
☐ Aldrete score 10 or same as pre-proce. score
☐ Vital signs stable
☐ Return to pre-procedure alertness
☐ Peds-Return to pre-procedure developmental tasks

Time Recovery Completed: ______

Assessed by: ______ RN

POST PROCEDURE

Discharge Assessment

Yes	No	N/A	
☐	☐	☐	Able to void/pass flatus
☐	☐	☐	Ambulates without dizziness/nausea
☐	☐	☐	IV removed
☐	☐	☐	No evidence of active bleeding
☐	☐	☐	Comfortable (free of excessive pain)
☐	☐	☐	Able to tolerate and retain liquids
☐	☐	☐	Vital signs stable
☐	☐	☐	Return to pre-procedure alertness

Discharge Instructions
☐ Written discharge instructions given to and understood by: ☐ Patient ☐ Responsible adult ______
☐ Belongings returned to patient ☐ N/A
Discharge assessment done by: ______ RN
☐ Assessment reviewed and concur with findings
☐ Other ______
Signature/Title ______

☐ Discharged to home @: ______ with (name/relationship) ______
☐ Transferred to: ______ @: ______ accompanied by ______ with (equip) ______
Report to ______

COMMENTS

______

SIG

Time	Signature/Title	Init	Printed Name	Time	Signature/Title	Init	Printed Name
0815	[signature] RN	MA	[handwritten name]				

PRINTED BY: 101116
DATE 8/22/2007

medforms & 2/indivu/eu2 BC 8/5/2004

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1830 Flower Street
Bakersfield, CA 93305 (661) 326-2000

PT NAME _____ Date _____

DIAGNOSTIC TR. CTR. MEDICAL RECORD # _____

Cardiac Rhythm

Hemodynamic Status/Vital Signs	PRE PROCEDURE	PROCEDURE
Temp F° / BP HR		
● HR		
O Resp		
□ T		
>< BP		
Δ MAP		
PAIN INTENSITY (10 / 5 / 0)		
Relief Acceptable (Y/N)		
Pain Intervention		
Pulse Ox SaO_2		
FIO_2 L/M or % O_2		
INTAKE 1		
INTAKE 2		
INTAKE Meds		
INTAKE Blood/blood prod.		
INTAKE PO/Total		
INTAKE NG/OG/Total		
OUTPUT Urine, Amt cc/Total		
OUTPUT Drain/Aspirate		
OUTPUT Drain		
OUTPUT Stool SML/Color type		
OUTPUT Other		

PAIN INTERVENTION KEY: A - Analgesic N - Narcotic R - Reposition T - Titrate C - Compress O - Other (See Flowsheet Notes)

ATTACH EKG STRIP (IF APPLICABLE)

INTERPRETATION: _____

PRINTED BY: [illegible]

DATE 8/23/2007

14-1658 (02/94)

TIME IN _____ ALLERGIES _____

TIME OUT _____ NPO SINCE _____

AC.1#0716600392 MR REC 0001178074
BIOCINI,BEATRIZ ANA
SDS DATE 06/15/07 DOB 06/30/54 SEXF

Addressograph

RECOVERY

Temp F	BP
105	200
104	190
103	180
102	170
101	160
100	150
99	140
98	130
97	120
96	110
95	100
	90
	80
	70
	60
	50
	40
	30
	20
	10
	0

INVASIVE SITE / TYPE	Drsg Δ	Dispatch Y / N	Insert Date	Tubing Δ	I+E

ENDOSCOPE _____

EQUIPMENT / ACCESSORIES USED _____

☐ Forceps ☐ Snare ☐ Heater Probe ☐ Hot Box

CAUTERY SETTING CUT _____ COAG. _____

PAD SITE _____

Dilatation Type: ☐ NA Type _____ Sizes _____

Fluoro Time _____ min. Contrast: Type / Amt. _____ ☐ NA

Pathology:

☐ None
☐ H. pylori _____
☐ Time _____

☐ Biopsy _____
☐ Biopsy _____
☐ Polyp _____
☐ Other

Specimens to Lab: ☐ Yes ☐ NA

STANDARDS OF CARE 6/15/07

Outcome Standards: **MET BY:** MA

The patient will demonstrate physiologic stability in hemodynamic status and physical comfort during procedure.

NURSING DIAGNOSIS	INTERVENTION
1. Potential for alteration of level of comfort related to procedure. MA	1. Advise physician of pain or of increased level of physiological response. 2. Administer medications as ordered. MA
2. Potential for reaction related to drugs. MA	1. Implement EKG, SpO_2, & V/S, per standard. MA
3. Potential for ineffective coping related to fear of unknown. MA	1. Explain procedures. 2. Encourage to express feelings. 3. Provide verbal/non verbal reassurance. MA

4 4

INTAKE		OUTPUT	
IV Fluids		Urine	
HAL		Stool	
Lipids		NG/OG	
Blood/Blood Products			
PO Intake			
*Total Intake		*Total Output	

*TOTAL BAL: [illegible]

RN _____

Endoscopy Tech _____

Radiology Tech _____

Physician _____

DATE 6/22/2007

PRE-PROCEDURE

RECOVERY

Pg 3 of

	Time / Initials	Time / Initials	Time / Initials
NEUROLOGICAL	Oriented x 3 Behavior appropriate PERLA Active ROM X 4 symmetrical strength Speech clear, appropriate		
CARDIOVASCULAR	HR Reg. Extrem warm pink Capillary refill < 3 5 sec Peripheral pulses palpable		
RESPIRATORY	Equal symmetrical chest expansion Resp. quiet & reg. in rate/depth Clear breath sounds all fields Nailbeds, membranes pink		
GASTROINTESTINAL	Abdomen soft/flat/non-tender Active bowel sounds Tol diet w/o nausea/vomiting BM within usual pattern/consistency Normal appetite, chewing Swallows without difficulty		
GENITO-URINARY	Voids without pain, frequency or incontinence Normal urine color, odor		
MUSCULO-SKELETAL	Full ROM, strength equal bilateral Steady gait, coordination		
SKIN	Skin color/turgor normal Skin warm, dry, intact Mucous membranes moist IV site # R/S/T		
PSYCHOSOCIAL	Stable living situation Stable support system Mood/affect appropriate		
PAIN	Location Duration Characteristic (Stabbing, dull)		

ACCT:0716800392 MEDREC 0001178074
BIOCINI,BEATRIZ ANA
SDS DOB: 08/30/54 SEX:F

Int	Signature	Title	Shift

Int	Signature	Title	Shift

RN Day

Time	Discipline	FLOWSHEET NOTES (Record pt events, tasks, procedures)

OUT-PATIENT CALL BACK

ACCT#0716600392 MEDREC 0001178074
BIOCINI,BEATRIZ ANA
SDS DATE: 06/15/07 DOB: 08/30/54 SEX F

Date of Procedure: 6/15/07
Physician: Dr.
Procedure: Colonoscopy
Comments:

Current Phone #:

Nurse's Signature RN/LVN Date: 6/15/07

Tolerating Fluids/Nourishment	YES	NO	N/A	COMMENTS
Nausea/Vomiting				
Dressings, Any Drainage				
Headache/Incisional Pain/Sore Throat				
Pain Medication Taken				
Voided				
Blood Tinged Urine				
Extremity Circulation				
Refer to Anesthesia				
Refer to Attending Physician				
ABD Discomfort				
Rectal Bleeding				
Coughing up Blood				

Comments:

PRINTED BY:
DATE 8/22/2007

Nurse's Signature RN/LVN. Date:

KERN MEDICAL CENTER
1830 FLOWER ST.
BAKERSFIELD, CA. 93305

Owned & Operated by County of Kern

CLINIC RECORD NOTES

STAT ACCOUNT NO: 0715800368	DATE ARRIVED: 06/07/07	TIME: 13:00	ARRIVAL MODE: SHERIFF KERN CTY	PATIENT TYPE: SUR

MEDICAL RECORD NO: 0001178074

PATIENT: BIOCINI,BEATRIZ ANA
STREET ADDRESS: 17636 INDUSTRIAL FARM RD
CITY: BAKERSFIELD
STATE: CA
ZIP: 93308
PHONE: (000)391 7913
SOCIAL SEC NO: 000-00-0001
BIRTHDATE: 06/30/54
AGE: 52Y
SEX: F
MARITAL STATUS:
NS PC NO: BK#1709304
PO NO:
EMERGENCY NOK:
IN CARE OF: J COUNTY CORRECTIONA
MANAGED CARE/HMO: Yes / No
AUTHORIZED: Y / N
TIME:
PAGE:
CAT CODE: WALK IN / APPOINTMENT
BUSINESS PHONE:
MM. NEGATION:
P TO DATE:
ST UP TO DATE:
LANGUAGE:

CHIEF COMPLAINT/PROBLEM: 1P SURGERY RED
PRIMARY CARE PHYSICIAN:
ALLERGIES: NKA

PAIN: Acute / Chronic
Location:
Duration:
Characteristics/Describing, duration:
Pain Level: 6

WEIGHT	TEMP	PULSE	RESPIRATION	BLOOD PRESSURE	TIME	NURSE
144	96.3	82	18	~~130/70~~	1:25	

Rectum bleeding
06/07/07

Are you having any problems with your activities of daily living Yes No Problems ambulating? Yes No
Safe in the home? Yes No Harmed/Threatened Yes No IF yes current or past
Reported To: By:

~~No Allergies~~

52 yo F w Hx of recurrent Rectal Prolapse for 6-7 mo. Prolapse has been manually reduced by pt when the pt has a BM. Pt has been taking laxatives to help pass soft stool. Pt is also experiencing Incontinence & Bleeding from the rectum. Pt is expressing urgency to defecate for the rectum distending as it does.
- Pt has never had a colonoscopy
- Pt has not smoked in 40 yrs but has 20 pack year Hx
- Pt has no surgery Hx
- Pt reports the bleed per rectum began b/c the Prolapse

ASSESSMENT: DIAGNOSIS ICD 9CM

1. Recurrent Rectal Prolapse
2. Rectal Bleeding / Blood Per Rectum
3.
4.

PLANS/ORDERS:

1. Colonoscopy for June 15, 2007
2. F/U in Rad Surgery Clinic after Colonoscopy on June 21st 2007
3.
4.
5.

Instr 6/7/07 1400 hrs
Marina Rodriguez
445-43

SIGNATURE OF PHYSICIAN: [signature]
ATTESTED BY: [signature]
DISPOSITION OTHER THAN HOME
PAGE ONLY ATTACH AFTER CHRONOLOGICAL NOTES
DATE: 6/7/2007
488

MEDICAL RECORDS

ATTENDING NOTE

HX

PE

LAB/XRAY

IMPRESSION

PLAN

PATIENT BIOCINI,BEATRIZ ANA ACCT # 0716800368 MEDREC# 0001178074 SIGNATURE ADMIT DATE: 06/07/07 ADMIT TIME: 13:00

VS. [illegible]

ATTENDING NOTE/ATTESTATION:

6/7/07

☒ I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care. I have discussed this with the resident.

☐ I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care **except as noted below**. I have discussed this with the resident.

PRINTED BY: 101116
DATE: 8/22/2007

ACC #0715800368 MEDREC 00011780/4
BIOCINI BEATRIZ ANA
VISIT DATE 06/07/07 DOB 06/30/54 SEX F

KERN MEDICAL CENTER
SURGERY CLINIC
Owned and Operated by the County of Kern
1830 Flower St.
Bakersfield, CA 93305
Ph: (661) 326-2170
Fax: (661) 326-2176

Name:
ID#:
DOB:

Diagnosis:

Allergies: **Patient Weight:**

Drug, Strength, & Quantity	Quantity	Directions	Refills
Rx Golytely 4 Ltrs	☒ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over	Take As Directed	Ø
Rx Mag Citrate 1 bottle	☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over	Take As Directed	Ø
Rx	☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over		

Total Number of Rx's (circle one) 1 2 3

KMC Pharmacies may dispense closest package size or therapeutic equivalent as approved by the Pharmacy and Therapeutics Committee

Unused prescription spaces must be voided.

☐ ValyLayn Aminpour, MD
BA1309788/AA4475
☐ Ray Chung, MD
BC2638116/BC884969
☐ Maureen Martin, MD
BM8124935/AM6341
☐ George Murr, MD
AM7635622/AM6825
☐ Charles Wrobel, MD
BW4867276/AW9725

☐ Jack Bloch, MD
AB7055379/AB1012
☐ Daniel D'Amico, MD
DD8034514/BD14825
☐ Albert McBride, MD
AM5230656/BM4791
☐ Hernando Reyes, MD
AR9158929/AR30176
☐ Gary Zolman, MD
BZ3765849/BZ6473

☐ Richard F. Basch, MD
AB2106786/CB52715
☐ Donald Yager, MD
AY1054028/CY25440
☐ William Meyer, MD
BM2035295/CM1950
☒ Ilam Taylor MD
BT1653105/CT64244
☐ _____

B Taylor
Prescriber Name-Printed/Stamp/ID# Prescriber Signature Date 6/7/07

DEA/ State License Number UPIN# White - Original Pharmacy - Chart Copy Label: English ☐ Spanish ☐

Physician must sign and enter date of Rx is void.

PRINTED BY: 101.16
DATE 8/22/2007

KERN MEDICAL CENTER
Patient/Family Health Education Record

ACC #0715800368 MED REC 00011178074
BIOCINI,BEATRIZ ANA
SURGICAL 06/01/07 DOB 06/10/54 SEX F

Patient learning Questionnaire: P=Poor A=Average G=Good (circle appropriate)	Patient	Other
How would you rate your ability to understand verbal instructions?	P A G	P A G
How would you rate your ability to understand written instructions?	P A G	P A G
How would you rate your knowledge of your treatment plan and educational needs?	P A G	P A G
How would you rate your willingness to learn and follow through with treatment?	P A G	P A G

Specific Barriers to learning
Do any of the following interfere with your ability to learn? Circle y (yes) n (no)

Chronic Illness	Y N	Trouble Remembering	Y N	Cultural Beliefs	Y N
Hearing problems	Y N	Trouble understanding	Y N	Religious Beliefs	Y N
Difficulty Reading	Y N	Financial Concerns	Y N	Pain	Y N
Speaking Problem	Y N	Emotional Concerns	Y N	Visual Problems	Y N

How do you learn best? Video Verbal Written

Date_____ Signature/Title_____ 6/7/07

Because violence is common in many lives, we are asking about it routinely.
Do you feel safe in your home? Y N
Have you ever been harmed or threatened by someone you live with or are close to? Y N
If yes, is it occurring currently or in the past?* Currently Past

*If currently please complete the next section

Reported to _____ By_____

Date/Time_____

Date_____ Signature/Title_____

PRINTED NAME

DATE 6/7/2007

SECTION II

EDUCATION NEEDS		WHO		HOW		RESPONSE	
CODE		CODE		CODE		CODE	
MED	Safe & effective use of medications	PT	Patient	D	Demonstration	Q	Asked Questions
EQ	Safe & effective use of equipment	F	Family	P	Pamphlet	VR	Verbalized recall/understanding
F/D	Potential food/drug/herb interaction	O	Other	TV	Video/TV	R	Restless/difficulty listening
DIET	Modified diet/nutrition			V	Verbal instructions	DI	Seems disinterested
REHAB	Rehabilitation techniques			W	Written instructions	DR	Denial/resistance
CR	Community resources			VT	Translator	DA	Demonstrated ability
POC/DC	Plan of care/treatment services			MED	Medication instruction sheet	NR	Needs reinforcement
PM	Pain management			GR	Group Work	A	Attentive verbal response
HC	Basic health practices			O	Other	NA	Not applicable
O	Other			I	Initiate teaching education protocol	NC	No change
						NER	New education record required
				CN	Care notes		

DATE	TIME	ED NEEDS	INFORMATION TAUGHT	WHO	HOW	RESPONSE	SIGNATURE/TITLE
6-7-07	4pm		Poc/Pn		all		[illegible]
						[illegible]	MHS/3

PRINTED BY: [illegible]
DATE 8/22/2007

KERN MEDICAL CENTER
Owned and Operated by the County of Kern
Bakersfield CA 93305

ACCT#07/15800368 MEDREC 0001178074
BIOCIN: BEATRIZ ANA
SUR DATE 06/07/07 06:30/54

OUTPATIENT AFTERCARE INSTRUCTIONS

It's important that you follow up as directed and please report to your doctor if symptoms persist or worsen. When clinic is closed please seek emergency care. Please bring all medications with you to every clinic visit. Medication refills: Please call at least 7 days before running out.

CLEAR LIQUID DIET

__ Until the problem for which you are using this diet stops.
FAT ONLY
__ Clear Soups
__ Pedialyte, Lytren
DO NOT DILUTE PEDIALYTE
_ Soft diet after liquid diet for 6 hours. No raw vegetables or fruits

VOMITING

__ Clear liquid diet (see above) but in frequent small amounts only
__ Watch for signs of dehydration (see below)
__ Call your doctor if you notice blood in the vomitus

DIARRHEA

__ Clear liquid diet (see above)
__ If not vomiting and keeps clear liquids down you may try fresh ripe bananas that have been mashed. Also dried toast may be tried
__ Call the MD if you see blood in the diarrhea
__ Watch for signs of dehydration (see below)
__ Return to Clinic sooner or __ to ER __ call us if
__ Fever or ______ not better in 3 days
__ Chest pains

WOUND CARE

__ Keep wound covered until rechecked
__ If dressings get wet or dirty you should
__ change them __ call your MD or the ER
__ Leave wound open to the air
__ You may wash the wound after ____ days
__ Return for wound check in ____ days
__ Sutures to be removed in ____ days
__ Limit movement of the affected part
__ Elevate the injured part higher than your heart, to decrease swelling and improve healing for __ hours
__ Cool packs to the area to prevent swelling and pain for ____ hours

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

DEHYDRATION: Signs to look for
__ Decreased urine flow
__ Very sleepy, hard to wake up
__ Dizziness when standing up
__ Very dry mouth
__ No tears seen when patient cries

OTHER INSTRUCTION SHEETS
__ English __ Spanish

__ Anemia
__ Angina/Heart Diseases
__ Asthma
__ Back/Neck Injury
__ Bowel Prep for Endoscopy
__ Bronchitis
__ Cancer Pamphlets
__ Care of Foreskin
__ Cast Care
__ Cholesterol diet
__ Breast Cancer
__ Breast Self Exam
__ Chest Injury
__ Chest Wall Pain
__ Chicken Pox
__ Child Proofing
__ Cold/Flu
__ Congestion
__ Conjunctivitis
__ Constipation
__ Contraception
__ Contusions
__ Croup
__ Diabetes
__ Diet/Nutrition
__ Ear infections
__ Endometrial Curettage
__ Enuresis
__ Epididymitis
__ Febrile Seizures
__ Fetal Movement Count
__ Flex Sigmoidoscopy
__ Gallbladder Disease
__ Gastritis
__ Gastroscopy Instructions
__ GI Reflux diet
__ Head Injury
__ Hepatitis
__ Hypertension
__ Impetigo
__ Inhaler
__ Kidney Stones
__ Lice
__ Low back pain exercise
__ NST Biophysical Profile
__ Pneumonia
__ Pregnancy
__ Pyelonephritis
__ Reflux Esophagitis
__ SBE Prophylaxis
__ Scabies
__ Sinusitis
__ Smoking Cessation
__ Sprain/Fracture Care
__ STD's/PID
__ Threatened Abortion
__ Tobacco Preventions
__ UTI's
__ Vaginitis

DISPOSITION
__ You may return to work
__ You may not return to work Until ____
__ You may return to light work
__ immediately
__ on ____
__ No school until ____
__ No physical education Until ____

Bowel Prep instruction

Tests Ordered: Colonoscopy 6/15/07

Follow up / Additional Instructions: Golytely 3 Use as Mag citrate needed

Return to Red Surgery Clinic after Colonoscopy on 6/21/07
Call 326-2800 for appt

Patient Education
☐ Learning needs/abilities assessed
Specify:
☐ Barriers to learning
Specify:

I have received as well as demonstrated my understanding of the discharge instructions given

Patient Signature: Pt left without discharge

Exit Interviewer Signature: [signature] PRINTED BY / TO / DATE M4048 Physician Signature: [signature] Time: 12:40 pm

KMC 580-8097 (REV 11/01)
KMC Stock # 140176

KERN MEDICAL CENTER
1830 FLOWER ST. BAKERSFIELD, CA 93305

EMERGENCY MEDICINE RECORD

ACCOUNT NO: 0714901130 | DATE ARRIVED: 05/29/07 | TIME: 23:09 | ARRIVAL MODE: SHERIFF KERN CTY

MEDICAL RECORD NO: 0001178074

PATIENT NAME: BIOCINI,BEATRIZ ANA

STREET ADDRESS: 17635 INDUSTRIAL FARM RD | CITY: BAKERSFIELD | BIRTH DATE: 06/30/54 | AGE: 52Y | SEX: F

PHONE: (661)391 7913 | SOC SEC NO: 000-00-0001 | STATE: CA | ZIP: 93308

BK#1709304 | MARITAL STATUS | NAME AND CLASS: J COUNTY CORRECTIONA

IN EMERGENCY NOTIFY | HOME PHONE | BUSINESS PHONE

ACCIDENT / ACCIDENT TYPE | DATE OF ACCIDENT | TIME | PLACE | POLICE NOTIFIED ☐ YES ☐ NO | LANGUAGE

CHIEF COMPLAINT / PROBLEM: MEDICAL EVALUATION

OBJECTIVE FINDINGS: See Triage Note

T_c 98° BP 123/76 HR 85 RR 18 O_2 sat 98%. 2309 GR

TIME OF FIRST SYMPTOMS | PRIMARY CARE PHYSICIAN | TIME RECEIVED TO CARE AREA: 23:04 | TIME SEEN BY M.D.: 00:00

CHIEF COMPLAINT: Something came out from my ass

☒ VITAL SIGNS REVIEWED FROM TRIAGE
☒ NURSING NOTES REVIEWED
☐ EMS NOTES REVIEWED

ALLERGIES: X none ___ see nurse's notes

HISTORIAN: (Patient) / Friend / Family / EMS
HX LIMITED BY: Acuity / ALOC / Intoxication
ARRIVED BY: EMS / Walk-in / Private Auto — custody

CHECK BOX(✓) FOR NORMALS, CIRCLE POSITIVES, SLASH NEGATIVES, NOTE FINDINGS

ONLY USE CHART AREAS THAT ARE CLINICALLY INDICATED

HISTORY OF PRESENT ILLNESS

52 y/o F c sensation of something coming out of her rectum. ~~pt occurred~~ For 6-7m has sensation of this. Everytime ~~had~~ had BM, would push back in. On 4/29/07, for 5h, had pain, couldn't have BM, could to prolapse. Since then, ~~[illegible]~~ has abd rectal pain. Today @ 17:00, during BM, couldn't reduce.

ONSET: gradual / (sudden) / insidious

TIMING: (constant) / intermittent

DURATION: ____ mins / 7 hrs / ____ days

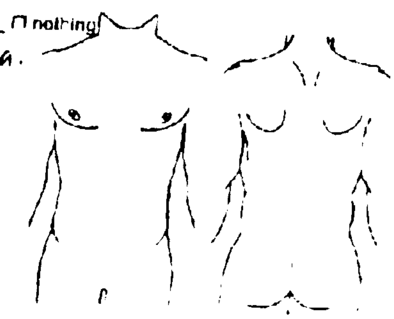
QUALITY: aching / burning / cramping / pressure / (sharp) / stabbing / squeezing / tearing

SEVERITY: mild / moderate / (severe) 10/10

CONTEXT: h/o prolapse,

ASSOC. SIGNS/SXS: ☐ none
- can't walk; can't bend

MODIFYING FACTORS: ☐ nothing
- worse c valsalva.



LOCATION/RADIATION:
- rectum,
- starts 3/12

REVIEW OF SYSTEMS

☐ CONSTITUTIONAL: fever / chills / wt loss / weakness
☐ EYE: blurred or double vision / pain / photophobia
☐ ENT: congestion / epistaxis / pain / discharge
☐ CVS: chest pain / palpitations / orthopnea / edema / DOE
☐ RESP: cough / dyspnea / sputum / wheezing / hemoptysis
☐ GI: (pain) / heartburn / melena / distension / vomiting / nausea / diarrhea — constipation x 1y; dark red blood in stool x 6-7m
☐ GU: dysuria / urgency / hesitation / hematuria / discharge / bleeding
☐ MUSKEL: pain ____ /swelling/stiffness / weakness
☐ SKIN: rash / discolorations / jaundice/pruritus
☐ NEURO: headache /LOC / numbness / confusion / memory loss
☐ HEME/ENDO: bruising / bleeding / polyuria / polydipsia / adenopathy
☐ ALLER/IMMUNE: rash / itching / swelling
☐ PSYCH: anxiety / depression / sleep appetite disruption /mood change
☒ ALL OTHER SYSTEMS REVIEWED AND ARE NEGATIVE

PAST MEDICAL, FAMILY AND SOCIAL HISTORY

PMH ___ unknown X none
CAD / HTN / CHF / MI / DOM / NIDDM / COPD / ASTHMA / CVA / PUD / GERD / BILIARY DZ / PANCREATITIS / CRF / RENAL STONES / HEPATITIS

SURGICAL HX X none

IMMUNIZATIONS UTD ___ Y ___ N

FAMILY HX ___ none ___ unknown
DM / (CAD) / HTN / (CA) / CVA — [illegible]

GYN HX: G __ P __ TAB __ SAB __
LMP none x 3m

MEDS: ___ none ___ see nurses notes
Achulex, colace, Metamucil

SOCIAL HX:
Tobacco ø
Etoh ø
Drugs ø → since '95
in jail x 1.5y

MEDICAL RECORDS REVIEWED from KMC / outside facility
DATES ____ FINDINGS ____

RECENT PRIOR AND SIMILAR EPISODES ☐ NONE
WORKUP
DIAGNOSIS
TREATMENT

PRINTED BY: CLEMENT
DATE: 6/1?/2007

KERN MEDICAL CENTER
1830 Flower Street
Bakersfield CA 93305

ACCT # 071490 30
PATIENT BIOCINI BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC # 0001178074
DOB 06/30/54

CHECK BOX✓ FOR NORMALS, CIRCLE POSITIVES, SLASH NEGATIVES, NOTE FINDINGS

PHYSICAL EXAM — Only use chart areas that are clinically indicated

GEN: Distress no (mild) mod / severe Hydration (nl) dehydrated
☒ VS reviewed from nurses notes (nl) ___abn YALE ___
☒ P OX 98 % on (RA) ☒ nl ☐ hypoxic
☐ Exam limited by: urgency of pt's condition or altered mental status
☒ Alert and O x 3 Nutrition status: (nl) cachectic / obese
Orthostatic vitals: ←:

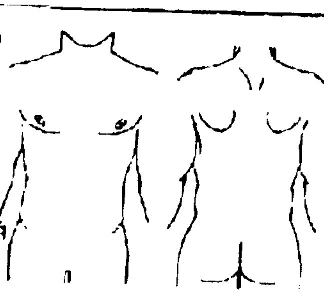
EYE:
☐ PERRLA ☐ Lids, Sclerae, Conj, Cornea ☐ Fundi ☒ EOM's intact

ENT:
☐ Nasal Exam ☐ Canals, Hearing, TM's ☒ Tonsils, Pharynx
MMM

NECK:
☐ No JVD ☐ Trachea ☐ No Meningeal Signs ☐ Thyroid nl

CV:
☒ RRR ☒ No abn sounds, murmurs ☒ No edema
Pulses ☐ Carotid nl ☐ Abd Aorta nl ☐ Femoral nl ☒ Periph nl
2+ radial

RESP:
☒ Effort ☐ Chest Wall Palpation
☒ Lungs clear → ☒ Bilat BS



GI/ABD/BACK:
☐ Soft (NT) w/o masses ☒ BS nl
☐ Liver/Spleen nl ☒ No CVAT
☐ Rectal nl HEME ☐ pos ☐ neg
soft, diffuse mild tenderness
Rebound / Guarding
rectum prolapsed ~ 4cm

GU:
MALE: ☐ Ext Gent nl ☐ Testes nl ☐ Prostate nl
FEMALE: ☐ Ext Gent. ☐ Cx nl
☐ No vaginal discharge
☐ Uterus nl size, Non tender
☐ Adnexa nl ☐ No CMT

NEURO:
☐ Cr Nerves intact ☐ DTR'S equal ☐ Motor intact ☐ No abn reflexes
☐ Sensation intact ☒ O x 3

PSYCH: SAD SCORE: ___ MME: ___
☐ Insight/judgement ☐ Recent/Remote Memory ☐ Social Support
☐ Halluc/Delusion ☐ Mood/Affect ☐ Suicidal/Homicidal ideation

SKIN: ☒ Warm Dry Well hydrated ☐ No Rash ☐ No Nodules

MUSC-SKEL EXTREMITIES ☐ Strength & Tone ☐ Joints w/o effusion or tenderness
☐ nl ROM ☐ nl Digits/Nails BACK ☐ nl gait ☐ nl ROM ☐ nl SLR

MEDICAL DECISION MAKING

DIAGNOSTIC CONSIDERATIONS: rectal prolapse

DIAGNOSTIC TESTS ✓ if ordered and normal, circle and note abnormals
LAB
CBC ☐ nl ☐ nl except   BMP ☐ nl ☐ nl except
WBC ___ Na ___ Cl ___
H/H ___ K ___ CO2 ___ AG ___ CR ___
SEGS ___ BANDS ___ LYMP ___ GLU ___

UA ☐ nl ☐ nl except
WBC ___ RBC ___ BACT ___
Other: Type & Screen; ALC; Uric/Antibody
uHCG ☐ neg ☐ pos Quant ___
uTox ☐ neg ☐ pos
PT / PTT LFT's ___
CARDIAC ENZ ☐ nl ☐ abn LIP/AMYL ___
MISC
EKG
☐ Read by ED MD ☐ Compared to ___ unchanged / changed
☐ NSR ☐ nl intervals ☐ nl QRS ☐ nl ST T waves ___

MONITOR/RHYTHM STRIP
☐ NSR ☐ ectopy ___
ABG
on RA / ___ L via NC / MASK / ET pH ___ pCO2 ___ PO2 ___ HCO ___
interpreted by ED MD as: NL / Hypoxic / Hypercarbic / Resp Acid / Met Acid
X-RAYS
☐ Read by ED MD
☐ CXR 2V / 1V ☐ nl ☐ Abn ___
☐ Abd Series ☐ nl ☐ Abn ___
☐ Ext ___ ☐ nl ☐ Abn ___
☐ ___ ☐ nl ☐ Abn ___

TREATMENT / ED COURSE
☐ O2 via NC / MASK / ETT ☐ Critical Care ___ mins
☒ IV Fluids
☒ IV Meds Reglan, Zofran 4mg IVP
☒ Pain Meds Morphine
☐ Foley ☐ NG tube ☐ Charcoal ☐ HHN x ___ with Proventil / Atrovent

RESPONSE TO TREATMENT / RE-EXAM:
Time: 0130 same/(better)/worse rectum reduced by Gen Surg
Time: ___ same/better/worse

PROCEDURES BY ED MD: ☐ CIRCLE AND DESCRIBE
ACLS CENTRAL LINE CARDIOVERT INTUBATION THROMBOLYSIS
EXT PACER CHEST TUBE NGT FOLEY LP SLIT LAMP CON-SED
EPISTAXIS-CON IVP DYE DIGITAL BLOCK FRACT / DISLOC REDUC SPLINT
LACERATION: ☐ WOUND PREP ☐ IRRIGATED & DEBRIDED ☐ LOCAL ANESTH INJECTED
☐ ___ LAYERS CLOSED ☐ LENGTH ___ cm
☐ Risk, Benefits & Alternatives Discussed with Patient

CLINICAL IMPRESSION(S) 1. Rectal Prolapse

CONSULTATIONS: ☐ IM / FP TME ___ ☒ SURG TIME 0100
☐ PEDS TIME ___ ☐ OB/GYN TIME ___
DISPOSITION: ☒ Home ___ Admit: ICU / Tele / OR / Med / Surg / Ped / ObGyn / Trauma
Transferred to ___ time ___
FOLLOWUP: ☒ PMD / KMC Gen Surg in 3-4 days / from Fee sched
CONDITION: ☒ Stable ☐ Unstable ☐ Expired ☐ AMA
DSCH INSTR ☒ Written ☐ Handout ☒ Dx & Tx discussed w/ Pt, Consult MD
DICTATION: ☐ YES ☒ NO TRAUMA PT ☐ YES ☒ NO
RX given Senna; Colace; Lactulose

PLAN release to custody, 1. sitz baths

SIG ___ E. Pham 9704 Res / MD-DO / PA / NP

I agree with and participated in determining the final impression, treatment, and disposition as recorded by the physician. (See faculty teaching Addendum for further details)

SIG ___ Faculty MD/DO Review

CERTIFIED TRUE COPY CLEMENT
DATE 07/15/2007

Ld
gen surg
0210

KERN MEDICAL CENTER
1830 Flower Street
Bakersfield, CA 93305

ACCT # 0714901
PATIENT BIOCINI,BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC# 0001178074
DOB 06/30/54

Date: 5/29/07

EMERGENCY: Nursing Initial/ Continuing Assessment Form

Allergies ☑ No ☐ Yes Identify & Describe Reaction

Pediatric
All patients under the age of 14 years
Height 5'5" Weight 141 lbs
If patient is under the age of 2 years, include
Head Circumference ______

Pain Assessment
☑ No ☐ Yes, If yes describe below

Pregnant
☐ No ☐ Yes ☐ Unk ☐ NA LMP: ______

Tetanus
☐ UTD ☑ NUTD ☐ UNK

Immunizations:
☐ UTD ☐ NUTD ☐ UNK

Nursing Initial/ Continuing Reassessment

Section		Time / Initials	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
NEUROLOGICAL	2330																		[illegible]							
CARDIOVASCULAR	2330																		[illegible]							
RESPIRATORY	2330																		[illegible]							
PAIN	2330																		[illegible]							
GASTROINTESTINAL	2330																		[illegible]							

NEUROLOGICAL
Oriented x3
Behavior appropriate
Speech clear, appropriate
awake, alert, oriented x3

CARDIOVASCULAR
WR Key
Extrem. warm, pink
good capillary refill

RESPIRATORY
Resp. even & reg. in ex. depth
Nailbeds, mucous membranes pink
lung sounds clear

PAIN
Absence of:
c/o 10/10 pain in the rectal prolapse

GASTROINTESTINAL
[illegible] and bowel sounds x4 qua
BM within normal pattern/consistency
Normal appetite/intake
Swallows without difficulty
No Bleeding
bowel sounds normal & normally [illegible] bowel sounds
[illegible] to rectal prolapse [illegible] [illegible]

EMERGENCY: Nursing Initial/ Continuing Assessment Form (Page 1 of 4)

PRINTED BY: CLEMENT
DATE 6/15/2007

Medforms 2 [illegible] 6/18/00 8.23.2000

Emergency KMC Nursing Initial/Continuing Assessment Form

ACCT # 0714901130
PATIENT BIOCINI BEATRIZ ANA

MEDREC# 0001178074
DOB 06/30/64

GENITOURINARY	2pm Time / Initials	CM
	Voids without pain, frequency or incontinence Normal urine color, odor No bleeding	c/o urgency & frequency of urination
MUSCULOSKELETAL	2pm Time / Initials	CM
	Full ROM Steady gait, coordination No Deformities	
SKIN	2pm Time / Initials	CM
	Skin color/turgor normal Skin warm, dry, intact Mucous membranes moist	afebrile
PSYCHOSOCIAL	2pm Time / Initials	CM
	Stable living situation Stable support systems Mood, affect appropriate	

This section is to be completed, if after assessment there is a change in Priority.

Initial Assessment Completed @ Date: 6/15/07 Time 2pm by [illegible] RN
Priority Change: ☐ No ☐ Yes, RED:_____ ORANGE:_____ GREEN: ✓ WHITE:_____

Reassessment Completed @ Date: _____ Time: _____ by _____ RN
Priority Change: ☐ No ☐ Yes, RED:_____ ORANGE:_____ GREEN:_____ WHITE:_____

Reassessment Completed @ Date _____ Time _____ by _____ RN
Priority Change: ☐ No ☐ Yes, RED:_____ ORANGE:_____ GREEN:_____ WHITE:_____

PRINTED BY: CLEMENT
DATE 6/15/2007

ACCT # 0714901130
PATIENT BIOCINI, BEATRIZ ANA
MEDREC# 00011/8074
DOB:06/30/64

Emergency KMC Nursing Initial/Continuing Assessment Form

On Going Vital Signs						Time	Procedure/Treatment	Nurse
Time	Temp	B/P	Pulse	Resp	SAO2			
0110	123/78 97.8	123/78	70	18	98%		Xrays Done ☐ EKG Done ☐	
							Specimens sent to Lab ☐ Yes ☐ No	
0200	97.2	123/80	80	16	98%		SL ✓ Gauge 18 Site R AC	[illegible]
							☐ Cardiac Monitor ☐ BP Monitor	
							Oxygen @ ____ LPM via ____	
							Catheter ☐ Indwelling size ____ ☐ In/Out amount ____	
							☐ Ice ☐ Dressing ☐ C-Collar	
							☐ Support/ Splint	
							Wounds Cleansed ☐ Dressed ☐	
							Crutch Training ☐ Patient Demo ☐	
							Pelvic Assist: Patient tolerated: ☐ Well ☐ Fair ☐ Poor	

Medications

Time	Med Dose Route/Site	RN/LVN or Dr	Response to Med
0030	Reglan 10 mg IV x1	[illegible]	[illegible]
0030	Morphine 4 mg IV x1	[illegible]	[illegible]

Intravenous Fluids									Intake			Output		
Time	IV#	Site	Gauge	Soln	Amount	Rate Pump	Nurse	Amt in	Time	Type	Amt	Time	Type	Amt

PRINTED BY: CLEMENT
DATE 6/15/2007

ACCT # 0714901130
PATIENT BIOCINI BEATRIZ ANA
MEDREC# 00011 78074
DOB 08/30/54

Emergency KMC Nursing Initial Continuing Assessment Form

Date	Time	FLOWSHEET NOTES (Record pt events, tasks, procedures)
5/19/07	2311	s Entr ED a 51 y/o female brought by jail officer c/ chief
		complaint of pain in the rectal area c/ previous h/o,
		no movement bowel, anxious [illegible] → [illegible]
	2341	s Dr. Pham @ bedside evaluating pt
	0030	s Reglan 10 mg IV x 1 given as ordered, no adverse effect noted → [illegible]
	0035	s Morphine 8 mg IV x 1 given as ordered, no adverse rxn noted → [illegible]
	0130	s [illegible] [illegible] @ bedside → [illegible]
	0150	s Dr. Pham @ bedside → [illegible]
	0240	s Discharge instruction given, verbalizes understanding, pt left ER going
		to jail accompanied by officer in [illegible] [illegible] → [illegible]

Staff Signatures/ Initials

[illegible]	[illegible]						

Referrals or Reporting
☑ N/A ☐ Law Enforcement ☐ CPS/APS ☐ Mental Health
☐ Social Services ☐ Animal Control ☐ Public Health
☐ Clergy ☐ Infection Control ☐ Coroner ☐ Other

Primary Language:
☑ English ☐ Spanish ☐ Other: ______
Interpreter Used:
☐ Yes ☐ No
Name: ______

Condition on Discharge ☑ Stable ☐ Unstable ☐ Expired

Admission: Date ______ Time ______ ☑ N/A
Admit to ______
Time report called/Faxed ______
Belongings List Completed: ☐
Mode: ☐ W/C ☐ Gurney ☐ Ambulatory ☐ Other: ______
Transported by ☐ RN ☐ LVN ☐ Other ______

Discharge: Date 5/20/07 Time 0240 ☐ N/A
Aftercare Instructions ☑ Verbalized understanding
☐ AMA ☐ AWOL ☑ Home
With: ☐ Self ☐ Family ☑ Law Enforcement ☐ Other
Mode ☑ Ambulatory ☐ W/C ☐ Ambulance ☐ Other jail

Transfer Date ______ Time ______ ☑ N/A
☐ Transfer to ______
Transfer ☐ Forms Completed

Discharge By [illegible signature]

PRINTED BY: CLEMENT
DATE 6/15/2007
Page 4 of 4

Patient Label

ACCT#0714901130 MEDREC 0001178074
BIOCINI,BEATRIZ ANA
ERD DATE 05/29/07 DOB 06/30/54 SEX F

Kern Medical Center
Emergency Department Triage/Medical Screening Record

Name: BIOCINI Date: 5/29/07
Check in Time: 23 05 Triage Time: 23 09
Age: 41 DOB: 5/29/07 Gender: M (F)

How Arrived: (Walk) Auto Carried WC
Brought In By: EMS (Police in Custody) Crime Victim Juvenile Fall

(Complete check boxes or circle appropriate response)
May be completed by RN, LVN or MHT

Private Health Provider: _____ Called Y N
Language: ENGLISH Interpreter: _____

Chief Complaint: Hemorrhoids Rectal Prolapse (from stool) On observation
Medications: Lactulose Colace

Vitals Signs: BP L / R 123/76 HR 85 RR 18 Temp 98 O2 Sat 98 RA _____ wO2
2nd BP L / R ____/____ Comments: _____

PMH: HTN Asthma Diabetes Cardiac Pacemaker COPD Cancer GERD Renal Seizures Arthritis Drug/ETOH Psych None Unknown Surgeries Other/Details: _____

Current pain level _____ Tool used: 0-10 Faces FLACC

Last Tetanus: <5yrs ____ >5yrs ____
Communicable Disease Exposure
Immunization: UTD None Unk
Chicken Pox TB

ALLERGIES: (NKA) Allergic to Meds Y N Hosp Products Y N Food Y N Latex Y N
If allergic explain symptoms: _____

Weight: 140 (Kg) Height: 5'5"

Pediatrics: Cry Strong/Normal Whimpering Moaning High Pitched
Activity Level: Playful Fussy Quiet
Fontanels: Flat Bulging Sunken

SKIN COLOR
- (NORMAL)
- PALE
- CYANOTIC
- JAUNDICED
- RASH

SKIN TEMP:
- (NORMAL)
- COOL
- DIAPHORETIC

MENTAL STATUS:
- (Alert & oriented)
- Uncooperative
- Confused
- Lethargic
- Agitated
- Unconscious

SPEECH:
- (Coherent)
- Slurred
- Incoherent
- Non-verbal

COLLECTED BY: _____ RN LVN MHT

COMPLETED BY RN

Triage Category: RED ORANGE GREEN WHITE

Definitions: RED= (Priority 1 for Treatment) ORANGE= Priority 2 (Emergent) GREEN= Priority 3 (Urgent) WHITE= Priority 4 (Non-Urgent)

TRIAGE DISPOSITION: MAIN ED FAST TRACK L & D

TRIAGE RN: [illegible] MS1164 TRANSLATOR: _____

COMMENTS: _____

ADVANCED TRIAGE As per standardized procedure: EKG LABS XRAY MEDS URINE OTHER: _____

MD FACULTY SIGNATURE: _____

PRINTED BY: [illegible]EMENT
DATE: 6/[illegible]/07

ACCT#0714901130 MRN: 0001178074
BIOCINI BEATRIZ ANA
ER DATE 05/29/07 DOB: 06/30/54 SEX: F

Patient Name

Unit #

Date/Time: 5/29/07 @ 1350

Performed by

Ordering Phys.

Bayer HealthCare LLC
Clinitek Status®

Patient ID

URINE DIP

Mode of Collc	Multistix® 10 SG		normal
	Test date	05-30-2007	
	Time	1:46AM	egative
____ VOID	Operator	96 U	
	Test number	0313	egative
____ CC	Color	Yellow	
	Clarity		1.000
____ CATH		Clear	
	GLU Negative		gative
	BIL Negative		
Specimen Clar	KET Negative		0.0
	SG 1.015		
____ CLEAR	BLD Trace-intact		0
	pH 8.5		
____ HAZY	PRO Negative		10
	URO 0.2 E.U./dL		gative
____ TURBID	NIT Negative		
	LEU Negative		gative

HCG QUALITATIVE POS NEG

RAPID STREP A POS NEG*
*IF NEG. SEND 2ND SWAB FOR CULTURE AND INITIAL HERE

FECAL OCCULT BLOOD POS NEG
INITIAL HERE INDICATING PERFORMANCE MONITORS OK

WHOLE BLOOD GLUCOSE

TIME

GLU

HEMOGLOBIN _____ g/dL

Philip M. Dutt, M.D., Laboratory Director
1830 Flower Street, Bakersfield, CA 93305

PRINTED BY: CLEMENT

DATE 6/15/2007

WHITE CHART COPY
CANARY LAB COPY

KERN MEDICAL CENTER
Owned and operated by the County of Kern
Bakersfield, CA 93305

ACCT # 0714901 0
PATIENT BIOCINI BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC# 0001178074
DOB 06/30/54

EMERGENCY AFTERCARE INSTRUCTIONS

The examination and treatment which you received has been rendered on an emergency basis only and is not intended to be substituted for complete medical care. It is important that you follow up with your clinic or private physician and report any new or remaining problems to him or her.

☐ **WOUND CARE**
Keep wound covered until rechecked
__ If dressings get wet or dirty you should
change them
call your MD or the ER
__ Leave wound open to the air
__ You may wash the wound after ____ days
__ Return for wound recheck in ____ days
__ Sutures to be removed in ____ days
__ Limit movement of the affected part
__ Elevate the injured part higher than your heart, to decrease swelling and improve healing for ____ hours
__ Cool packs to the area to prevent swelling and pain for ____ hours

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS, OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

☐ **HEAD INJURY:**
REPORT TO YOUR DOCTOR OR RETURN HERE IMMEDIATELY IF ANY OF THE SIGNS LISTED BELOW OCCUR, EVEN IF SEVERAL WEEKS AFTER THE INJURY
__ Persistent vomiting, stiff neck or fever
__ Severe, persistent or worsening headache
__ Confusion or unusual drowsiness
__ Convulsions or unconsciousness
__ Pupils are unequal (one larger than the other)
__ Stumbling or other problems with normal use of arms or legs or other areas of numbness
__ Blood or clear fluid from ears or nose
__ Clear liquid diet for the first 24 hours
__ Awake every ____ hours for the first 24 hours to make sure that patient is arousable and to check the above signs

☐ **BACK AND NECK INJURIES:**
__ Read the included Back or Neck injury material
__ Return if severe pain down arms or legs or weakness or numbness of arms or legs develops
__ Bed rest as much as possible on a firm mattress until you are improved, or for ____ days
__ Avoid any lifting or positions that cause pain for at least ____ days

☐ **DISPOSITION:**
__ You may return to work
__ You may not return to work until ____
__ You may return to light work
__ immediately
on ____
__ No school until ____
__ No physical education until ____
__ You were given __ Tetanus __ dt
__ DPT

☐ **SPRAINS OR FRACTURE CARE:**
__ Elevate the injured part for ____ hours to lessen swelling and pain
__ Do not put weight on the injured part
__ Ice packs (cool) to area for hours to decrease the swelling and pain
__ If you have an elastic bandage, rewrap it if tight or too loose
__ If you have a cast, keep dry at all times
__ Wait 48 hours for the cast to become strong before you put pressure or weight on the cast
__ Wiggle toes and fingers to prevent swelling in the injured part. this should be done often if it does not cause pain
__ If the injured part swells in any way or gets cold, blue, numb, or pain increases markedly, have it checked promptly
__ Follow whatever other instructions you have been given by the cast clinic

☐ **RESPIRATORY INFECTIONS:**
__ Treat fever if present with Tylenol® (see fever below)
__ Drink lots of fluids
__ Use vaporizer (cool)
__ Call MD or return if you have difficulty breathing
__ Take the prescriptions you have been given

☐ **FEVER:**
__ Dress in light clothes (don't bundle up)
__ Treat temperature if greater than ____ with Tylenol® ____ every four hours
__ If fever persists, patient should be placed in bath tub with lukewarm water. Massage the back and legs. DO NOT leave the patient unattended in the bath tub
__ Call MD if temperature (greater than 102°) persists, in spite of treatment listed, or if a seizure occurs

☐ **VOMITING:**
__ Clear liquid diet but in frequent small amounts only
__ Watch for signs of dehydration (see below)
__ Call your doctor if you notice blood in the vomitus

☐ **DIARRHEA:**
__ Clear liquid diet
__ If not vomiting and keeps clear liquids down you may try fresh ripe bananas that have been mashed. Also dried toast may be tried
__ Call the MD if you see blood in the diarrhea
__ Watch for signs of dehydration (see below)

☐ **DEHYDRATION:** Signs to look for:
__ Decreased urine flow
__ Very sleepy, hard to wake up
__ Dizziness when standing up
__ Very dry mouth
__ No tears seen when patient cries

☐ **OTHER INSTRUCTION SHEETS**
__ ENGLISH __ SPANISH

__ Anemia
__ Angina/Heart Diseases
__ Baby Care
__ Bronchitis/Asthma
__ Burns
__ Chest Injury
__ Chicken Pox
__ Clear Liquid
__ Congestion in infants
__ Constipation in infants
__ Croup
__ D & C
__ Diabetes
__ Ear Infections
__ Epididymitis
__ Febrile Seizures
__ Gallbladder Disease
__ Gastritis
__ Gonorrhea
__ Hypertension
__ Kidney Stones
__ PID
__ Pneumonia
__ Pregnancy
__ Pyelonephritis
__ Sinusitis
__ Syphilis
__ Threat Abort
__ Urethritis
__ UTI
__ Vaginitis
__ Other ____

ER RECHECK: ____

OTHER INSTRUCTIONS (INCLUDING PRESCRIPTIONS, DIAGNOSIS, LAB AND X RAY) 1. Continue taking colace and lactulose 2. Take dulcolax as directed 3. follow up with general surgery clinic

Patient Education
☐ Learning needs/abilities assessed
Specify ____
☐ Barriers to learning
Specify ____

I have received as well as demonstrated my understanding of the discharge instructions given

Patient Signature [signature]
Exit Interviewer [signature]
Date and Time 5/29/07 ~ 0210
Physician Signature: [signature] K. Pham

PRINTED BY: 10111E
DATE: 8/22/2007

AN/COMPLETE ER FORMS/AFTERCARE INST. ... [illegible]

KERN MEDICAL CENTER
1830 Flower Street
Bakersfield, CA 93305

ACCT # 0714901[illegible]0
PATIENT BIOCINI BEATRIZ ANA
ADMIT DATE 05/29/07

MED REC # 0001178074
DOB 06/30/54

4

EMERGENCY MEDICINE RECORD
TEACHING PHYSICIAN ADDENDUM

HISTORY AND PHYSICAL

I have personally seen, evaluated and participated in this patient's services and find this patient's history and physical examination to be consistent with that documented by Dr *Pham*

Brief history is as follows: *52 y/o Hisp F c/o pain in her rectum. Has sensation after travel yesterday, had previous prolapse that after 5 hrs was able to reduce. Today again had prolapse*

On exam, I find as follows: *Unable to reduce. [illegible], abd pain*

CONSTIT / VITALS	☐ nl	☐ abn	*VSS, obvious discomfort due to pain*
HEENT	☐ nl	☐ abn	
RESP	☐ nl	☐ abn	
CVS	☐ nl	☐ abn	
GI/GU	☐ nl	☐ abn	*BS (+), (-) CVA, prolapse rectum, no thrombosis*
NEURO/PSYCH	☐ nl	☐ abn	
MUSC/SKEL	☐ nl	☐ abn	
OTHER	☐ nl	☐ abn	

MEDICAL DECISION MAKING

☐ I personally interpreted the EKGs, diagnostic x-rays and laboratory studies documented by the resident
DIAGNOSTIC TESTS REVIEWED
☐ LAB
☐ X-RAY
☐ EKG
☐ OTHER

☐ I personally supervised the following medical treatment documented by the resident

☐ I personally participated in the decision making and was present for, and supervised the following procedures

PROCEDURES:
☐ CPR AND ACLS
☐ INTUBATION
☐ CRITICAL CARE ____ Mins
☐ CONSCIOUS SEDATION
☐ CHEST TUBE
☐ LUMBAR PUNCTURE
☐ CENTRAL LINE
☐ DPL
☐ ARTHRO / PARA / THORACENTESIS
☐ BURSA / JOINT / TRIG-POINT INJ
☐ FX or DISLOC REDUC
☐ SPLINT / CAST
☐ LACER REPAIR / WOUND CARE
☐ DIGITAL / HEMATOMA BLOCK
☐ OTHER

Procedure note: *Rectal prolapse reduced*

☐ I agree with and participated in determining the final impression, treatment and disposition documented by the resident. See resident's note for details. Patient ☐ Admitted Diagnosis *Rectal prolapse*

☐ I revised the resident's clinical impression(s) and/or care plan as follows:

Faculty Physician [signature]

☐ Dr Arias 7447 ☐ Dr Acosta 7420 ☐ [illegible] ☐ [illegible] ☐ Dr Kercher [illegible] ☐ Dr McFarlane [illegible]
☐ Dr Dunce [illegible] ☑ Dr Schmid 416 ☐ Dr [illegible] ☐ Dr [illegible] ☐ Dr Wohn 7151 ☐ Dr Walker 7112

DATE 5/29/2007

[illegible form number]

KERN MEDICAL C[illegible]R
Bakersfield CA 93305

ACCT # 07149011
PATIENT BIOCINI, BEATRIZ ANA
MED REC # 0001178074
ADMIT DATE 05/29/07 ADMIT TIME: 23:09 DOB 06/30/54

DO NOT write this	What you should write	DO NOT write this	What you should write
U	Unit	gtt	Drop or drip (IV infusions)
IU	International unit	cc	ml or mL
µg	Microgram or mcg	T3	Tylenol with Codeine 30 mg
QD,QOD,QID	Daily, every other day, four times daily	$MgSO_4$	Magnesium sulfate
AS,AD,AU	Left ear, right ear, both ears	MS, MSO_4	Morphine Sulfate
OS,PD,OU	Left eye, right eye, both eyes	1.0 (zero after decimal)	1 mg
TIW or tiw	Three times a week	.1 (no zero before decimal)	0.1 mg
SS	Sliding scale		

DATE AND TIME

5/30/07 00:20 — Please give ~~x~~ Morphine 2mg IV x1 / Reglan 10mg IV x1 — [signature] — K. Pham 9704 — Hel[illegible] Cremen [illegible] 5/31/07

~~5/30/07 0130 Versed 2mg IV x1 [signature] K.Pham 9704~~

Em KP

ENTERED BY: [illegible]116
DATE 8/21/2007

PHYSICIAN'S ORDER FORM

MEDICAL CENTER
1830 FLOWER ST.
BAKERSFIELD, CA. 93305

Owned & Operated by County of Ker

CLINIC RECORD NOTE

CLINIC ACCOUNT NO 0709500215	DATE ARRIVED 04/05/07	TIME ARRIVED 08:45	ARRIVAL MODE	PATIENT TYPE CLN	MEDICAL RECORD NO 0001178074

PATIENT
NAME: BIOCINI, BEATRIZ ANA
STREET ADDRESS: 17635 INDUSTRIAL FARM RD
CITY: BAKERSFIELD STATE: CA ZIP: 93308
PHONE: (661)391-7913 SOC SEC NO: 000-00-0001 MARITAL STATUS: BIRTHDATE: 08/30/54 AGE: 52Y SEX: F
NO: BOOKING 1709304 POL NO: FINANCIAL CLASS: J COUNTY CORRECTIONA
EMERGENCY NOTIFY: POL NO:
MANAGED CARE/HMO: ☐ Yes ☐ No AUTHORIZED: ☐ Yes ☐ No TIME: HMO PERSON AUTHORIZING: HOME PHONE: BUSINESS PHONE:
IMMUNIZATION: ☐ UP TO DATE ☐ NOT UP TO DATE LANGUAGE:

CHIEF COMPLAINT/PROBLEM: MAMMO 845AM
PRIMARY CARE PHYSICIAN:
ALLERGIES:

PAIN: Acute ☐ Chronic ☐ Location: Duration: Character of pain: stabbing, dull Pain Level:
TRIAGE CATEGORY: ☐ WALK-IN ☐ APPOINTMENT

LAST SEEN:

Are you having any problems with your activities of daily living ?

Are you having any problems ambulating ?

ASSESSMENT: **DIAGNOSIS** **ICD-9CM:**

1.
2.
3.
4.

PLANS/ORDERS:

1.
2.
3.
4.
5.

DOCTOR SIGNATURE

DISPOSITION OTHER THAN HOME

PRINTED HANDOUTS GIVEN AFTER CARE INSTRUCTIONS

FACULTY REVIEW

DATE: 6/15/2007

MEDICAL RECORDS

ATTENDING NOTE:

HX:

PE:

LAB/XRAY:

IMPRESSION:

PLAN:

SIGNATURE

PATIENT: BIOCINI,BEATRIZ ANA ACCT # 0709500215 MEDREC# 0001178074 ADMIT DATE 04/06/07 ADMIT TIME 08:45

PRINTED BY: CLEMENT
DATE 6/15/2007

Name: [redacted] MRN: [redacted] Age: [redacted]Y Sex: F
Acct #: [redacted]
Loc: [redacted]N
Ref Phys: [redacted]
Adm Phys: [redacted]
Study:

Exam # [redacted] Order 0021 Exam 76090 MX MAMMOGRAM SCREENING 01/05/07 0[illegible]

SCREENING MAMMOGRAM: 1/5/07

HISTORY: This is a [redacted]2 year old female with no personal or family history of breast cancer. Screening follow up.

TECHNIQUE: Craniocaudal and mediolateral oblique views were obtained of both breasts using low dose film screen technique as per routine protocol.

No comparison.

FINDING: Breast parenchyma is composed of patchy scattered fibroglandular tissue. There is a lobulated nodular density in the outer mid left breast at 3 o'clock position. It has smooth outline and is probably benign. No suspicious microcalcification or architectural distortion is seen.

IMPRESSION:

1) Lobulated nodule in the left breast as discussed. Probable benign finding such as cyst or fibroadenoma.
2) BI-RAD Category 2 (Benign finding left breast)
3) Annual screening mammogram, annual clinical breast examination and monthly self-breast examination is recommended unless otherwise indicated clinically.
4) Comparison with the previous mammogram is strongly advised.

D: 4/5/07

Transcriptionist- THERESA CASARIO
Reading Radiologist- JAVED M SYED M.D., Radiologist
Releasing Radiologist- JAVED M SYED M.D., Radiologist
Released Date Time- 01/20/07 1017

FINAL

KERN MEDICAL CENTER
1830 FLOWER STREET
BAKERSFIELD, CA 93305-4197
(661) 326-2520

PRINTED BY: CLEMENT

DEPARTMENT OF RADIOLOGY

MALE [redacted]

KERN MEDICAL CENTER
OWNED AND OPERATED BY THE COUNTY OF KERN
BAKERSFIELD, CA 93305

EXAM DATE

ACC #0709500215 MEDREC 0001178074
BIOCINI BEATRIZ ANA
DOB 04/06/07 DOB 06/30/54 SEX F

RADIOLOGY/IMAGING SERVICE REFERRAL OUTPATIENT ORDER FORM

4/5 @ 900

Phone: (661) 326-2520 • FAX: (661) 326-2866
This form must be complete in order to process requests!

Appt.

Patient's Name	Birth Date	Sex	Medical Record No.
Beatriz Biocini-Ana 1709304	6-3-54	F	1178074
Physician Name and Identification Number	**Clinic**	**Phone Ext**	**Request Completed By:** ☐ same
	Lerdo		Lerdo

Appointments please call (661) 326-2521 or go to "X-ray Reception," Room #1132

Examination(s): Normal mammo or lumps palpable
Any appropriate studies

Appointment: Date _____ Time _____

Clinical History (i.e., trauma, surgery): _____

****ICD-9 Code is Not Required - Please Check Appropriate Indication for Exam (Unacceptable: r/o, suspected, evaluate, possible**

Pulmonary
- ☐ Pain – Location _____
- ☐ Cough
- ☐ Cough Smokers
- ☐ SOB
- ☐ Hemoptysis (date of onset) _____
- ☐ Exposure Hazardous Mat. – Date _____
- ☐ History Heart Disease
- ☐ Fever

Neurological
- ☐ Pain-Location _____
- ☐ Headache
- ☐ Seizure
- ☐ Loss of Consciousness
- ☐ Blurred Vision
- ☐ Loss of Hearing
- ☐ Motor Sensory Deficit – When _____ Location _____

Orthopedic
- ☐ Pain-Location _____
- ☐ Swelling – Location _____
- ☐ Contusion – Location _____
- ☐ DJD
- ☐ Follow Up Fracture

Abdominal/OBGYN
- ☐ Infection
- ☐ Bleeding
- ☐ Dysphasia
- ☐ Weight Loss: Amount _____ Duration _____
- ☐ Other: _____
- ☐ Abdomen Distention Gas
- ☐ Abdomen Tenderness
- ☐ Pain – Location _____

Mammography
- ☒ Mammography Screening (asymptomatic)
- ☐ Pain – Location _____
- ☐ Nipple Discharge: Right Left Both
- ☐ Breast Lump
- ☐ Family History of Breast Cancer

☐ Other (Patient's Chief Complaint): _____

☐ Angiography, Biopsy, Aspiration, & Other Interventional Procedures: Please Fill Out Interventional Form & Attach

Physician's Signature	Date
Leslie Lundgren, NP	3-26-07

PLEASE BRING THIS FORM WITH YOU
WE CANNOT PROCESS YOUR TEST WITHOUT IT.
DEBE TRAER ESTA FORMA CON USTED!
NO PODEMOS PROCESAR SU EXAMEN SIN ELLA.

LERDO PRETRIAL CLINIC
17695 Industrial Farm Road
Bakersfield, CA 93308
Ph: 661-391-7381 Fax: 661-391-7386

ORIGINAL: CHART COPY TO PATIENT
KMC 560 8687 2067 (1/08)
STOCK # 140552

FAXED 3/26/2007

STAR ACCOUNT NO. | DATE ARRIVED 3/24/07 | TIME 1548 | ARRIVAL MODE SELF | PATIENT TYPE GYN | MEDICAL REC

PATIENT NAME: Biocini-Ana | BIRTHDATE 6/3/54 | AGE 52 | SEX F | PRIMARY INSURANCE

County of Kern

#170930 Bacity

GYN CLINIC

☐ New Patient 1000 ☐ Established Patient

Date: 3-24-07 BP 124/78 Pulse: 58 Resp.: ____ Temp: ____ Weight: ____ Initial ____

Marital Status: ☐ S ☐ M ☐ W ☒ D ☐ SP

Referred By: ____

Menarche: 14 yrs old

Last Pap Test: 3/2006 ☒ Normal ☐ Abnormal

Mammogram: 3/2006 ☒ Normal ☐ Abnormal

Allergies: ☐ Yes ☒ No If yes, list ____

Medications: ____

G 3 P 1 A 2 L 1 LMP: 4/07

BCP Method: ____ Past: ____

I. C.C. Hx of present illness:

Constipation

Urinary freq, 8-9 times at night

Lab results

Attending HPI

II. Past Medical, Surgical History:

- Surgeries

Arthritis

III. Family History:

- Breast Ca
+ Stomach Ca - 2 aunts
- Cervical/Uterine Ca

IV. Social History: Tested 1995 THC, Occ Coke. None since 1995

Occ Alc since 1995

V. System Review (- = negative, + = positive)

1. Constitutional	
2. Eyes	
3. ENT	
4. Cardiovascular	
5. Respiratory	
6. Gastrointestinal	
7. Genitourinary	
8. Musculo skeletal	
9. Integumentary	
10. Neurological	
11. Psychiatric	
12. Endocrine	
13. Hematologic	
14. Allergic	

VI. Residents Past Medical Hx, Family Hx, Social Hx and ROS reviewed by attending physician: ☐ Yes

VII. Physical Exam

Resident Findings

☐ Attending present and concur with Resident finding
☐ Other: please fill the box below

		N	A		Attending Physician findings N	A	
1	Appearance	✓					
2	Skin		✓	[illegible]			
3	HEENT		✓	URI			
4	Thyroid	✓					
5	Lymph nodes	✓					
6	Heart	✓					
7	Lungs	✓					
8	Breasts	✓					
9	Axillary nodes	✓					
10	Superclav nodes	✓					
11	Abdomen		✓	Low BS, distended			
12	M. Skeletal	✓		arthritis			
13	Extremities	✓					
14	Neurological	✓					

VIII. Gynecological Exam

☐ Attending present and concur with Resident findings
☐ Other: please fill the box below

		N	A		N	A	
15	External Genitalia	✓					
16	Urethra	✓					
17	Bladder		✓	OA			
18	Vulva/vagina	✓		discharge			
19	Cervix	✓					
20	Uterus	✓					
21	Adnexa	✓					
22	Anus/Perineum	✓		no masses on rectal			

N = Normal A = Abnormal

IX. Diagnosis, Assessment

Constipation
Arthritis by Hx

X. Investigations
☐ Pap
☒ Mammogram
☐ Ultrasound
☒ Others
G C
Chlamydia
Occult blood
stool.

XI. Treatment, Plan

Meds/lotion
for occult blood
[illegible]

Resident Signature

Faculty Review

Diagnosis Assessment

Treatment, Plan

Attending Physician Signature
[illegible signature], NP

Exhibit J

U.S. Department of Homeland Security
Immigration and Customs Enforcement

SFR DRO 50.10 52-03

Office of the Field Director

630 Sansome Street, Room 590
San Francisco, CA 94111

~~1723561~~
170930

BIOCINI, Ana Beatriz
C/O IN SERVICE CUSTODY

A91 182 333

Notice to Alien of File Custody Review

You are detained in the custody of the Immigration and Customs Enforcement (ICE) and you are required to cooperate with the ICE in effecting your removal from the United States. If the ICE has not removed you from the United States within the removal period as set forth in INA 241(a) (normally 90-days) of either: 1) your entering ICE custody with a final order of removal, deportation or exclusion, or 2) the date of any final order you receive while you are in ICE custody, the ICE Field Office Director will review your case for consideration of release on an Order of Supervision. Release, however, is dependent on your demonstrating to the satisfaction of the Attorney General that you **will not** pose a danger to the community and **will not** present a flight risk.

Your custody status will be reviewed on or about: **(November 29, 2006)**. The Field Office Director may consider, but is not limited to considering the following:

1. Criminal convictions and criminal conduct;
2. Other criminal and immigration history;
3. Sentence(s) imposed and time actually served;
4. History of escapes, failures to appear for judicial or other proceedings, and other defaults;
5. Probation history;
6. Disciplinary problems while incarcerated;
7. Evidence of rehabilitative effort or recidivism;
8. Equities in the United States;
9. Cooperation in obtaining your travel document; and
10. Any available mental health reports.

You must submit any documentation you wish to be reviewed in support of your release, prior to **(October 30, 2006)**, to the attention of the Officer and address below. English translations must be provided pursuant to 8 CFR 103.2(b)(3). An attorney or other person may submit materials on your behalf. The Field Office Director will notify you of the decision in your case. Attached to this notice is a list of free or low cost legal representatives who may be able to provide assistance to you in preparing your case.

U.S. Department of Homeland Security
Immigration and Customs Enforcement
Attn: Custody Officer
630 Sansome St. 6th floor
San Francisco, CA 94111

METHOD OF SERVICE

I certify that this form was provided to the alien by: (Hand) (Institution Mail)

(X) CC: Attorney of Record or Designated Representative
(x) CC: A-file

Signature of Officer

Print Name of Officer

SEP 15 2006
Date

Exhibit K

U.S. Department of Homeland Security
Immigration and Customs Enforcement

SFR DRO 50 10

630 Sansome Street, Room 50..
San Francisco, CA 94..

BIOCINI, Ana
CCI Lerdo Facility
17635 Industrial Farm Road
Bakersfield, CA

A91 182 333

Decision to Continue Detention Following File Review

This letter is to inform you that your custody status has been reviewed and it has been determined that you will not be released from the custody of U.S. Immigration and Customs Enforcement (ICE) at this time. This decision has been made based on a review of your file and/or your personal interview and consideration of any information you submitted to ICE's reviewing officials.

(1) Your removal has been delayed solely through your filing of your petition for Review with the US Court of Appeals for the Ninth Circuit, and resulting automatic stay or removal

Based on the above, you are to remain in ICE custody pending your removal from the United States. You are advised that you must demonstrate that you are making reasonable efforts to comply with the order of removal, and that you are cooperating with ICE's efforts to remove you by taking whatever actions ICE requests to effect your removal. You are also advised that any willful failure or refusal on your part to make timely application in good faith for travel or other documents necessary for your departure, or any conspiracy or actions to prevent your removal or obstruct the issuance of a travel document, may subject you to criminal prosecution under 8 U.S.C. Section 1253(a).

Therefore, pursuant to the authority contained in Sections 236 and 241 of the Immigration and Nationality Act, and parts 236 and 241 of the Code of Federal Regulations, I have determined that you shall continue to be detained in the custody of this Agency pending further review.

Your custody will remain with this unit. **This unit will conduct further review of your case one year from now or, when the Ninth Circuit Court of Appeals has made a decision in your case.** You will be notified of this at the earliest possible convenience. It is in your best interest to maintain proper behavior while awaiting this review. If you have any questions please contact:

U.S. Department of Homeland Security
Immigration and Customs Enforcement
Attn: Custody Officer
630 Sansome St. 6th floor
San Francisco, CA 94111

Timothy Aitken Acting Field Office Director

12/7/05
Date